

## Infant Formulas for the Management of Cow's Milk Protein Allergy (CMPA)

Before initiating a formula for the management of CMPA refer to the updated [IMAP guidelines](#) on the recognition and management of CMPA.

### Extensively Hydrolysed Formulas (EHF) – first line

The majority of infants with mild-moderate CMPA symptoms (both IgE and non-IgE mediated) can be managed using an extensively hydrolysed formula (EHF).

- Refer **ALL** infants with CMPA to a paediatric dietitian for advice on a cow's milk free weaning diet
- If CMPA symptoms not resolving on EHF, check that there are no other sources of cow's milk in the infant's diet, before trialling another formula (includes maternal diet if infant is also breast fed)

Infant formula	Content per 100ml reconstituted					Additional information
	Energy (kcal)	Protein (g)	Iron (mg)	Calcium (mg)	Vit D (mcg)	
<b>First Line for Mild to Moderate CMPA</b>						
<b>Alimentum*</b>	68	1.9	1.2	71	1.01	Casein based. Can be used for infants throughout the first year
<b>Second Line (if First Line not tolerated / accepted)</b>						
Nutramigen 1 with LGG®	68	1.91	1.23	77	1.03	Casein based with probiotic LGG®
Nutramigen 2 with LGG® (from 6 months)	68	1.69	1.13	88	1.05	Casein based with probiotic LGG®
Aptamil Pepti 1	67	1.6	0.53	47	1.3	Whey based. Contains Lactose
Aptamil Pepti 2 (from 6 months)	68	1.6	1	63	1.4	Whey based. Contains Lactose
SMA Althera	67	1.7	0.73	66	1.2	Whey based. Contains Lactose. Can be used throughout first year
<b>For Initiation by Dietitian or Secondary Care</b>						
Nutramigen 3 with LGG® (1 year+)	68	1.55	1.08	101	1.7	Casein based with probiotic LGG®
Pepti-junior	66	1.8	0.77	50	1.3	Whey based. 50% fat as MCT
Pregestimil Lipil	68	1.89	1.22	78	1.25	Casein based. 54% fat as MCT

### Amino Acid Formulas (AA) – second line, with severe symptoms

Amino Acid formulas should be reserved for infants with severe CMPA symptoms (with immediate referral to secondary care). AA Formulas should **NOT** be used first line for mild to moderate CMPA in primary care

Infant formula	Content per 100ml reconstituted					Additional information
	Energy (kcal)	Protein (g)	Iron (mg)	Calcium (mg)	Vit D (mcg)	
<b>Reserved for Severe CMPA or Symptoms not settling with EHF (See IMPA Guidelines)</b>						
<b>SMA Alfamino*</b>	70	1.9	0.7	57	1.0	24% MCT. Can be used throughout the first year
<b>Initiation ONLY by Dietitian or Secondary Care</b>						
Nutramigen Puramino	68	1.89	1.22	64	0.85	33% MCT
Neocate LCP	67	1.8	1.0	66	1.2	
Neocate Junior	100	2.8	1.2	90	1.3	Neocate Junior has replaced Neocate Advance/Neocate Active
Neocate Syneo	68	1.9	1.0	79	1.2	32% MCT. Contains probiotic
<b>Content per Serving (37g plus 60ml water)</b>						
<b>Neocate Spoon</b>	175	3.0	2.4	265	1.6	Spoonable consistency

MCT Medium Chain Triglycerides; LGG® Lactobacillus rhamnosus GG.

\*Green shading indicates cost-effective choice

## Guidelines for Quantity to Prescribe

- Check the amount of formula prescribed is appropriate for the age of the infant (see table below).
- Refer to the most recent correspondence from the paediatric dietitian to confirm recommended quantity of formula.
- Review any prescriptions for the child where:
  - the child is over 15 months old and/or the formula has been prescribed for more than 1 year, (most children at 1 year of age can safely transition onto a supermarket plant based milk as their main milk drink. A dietitian will advise on the most suitable alternative)
  - larger volumes of formula are being prescribed than would be expected.

Age/weight of infant <sup>1</sup>	400g tins/28 days (approx.)	800g tins/28 days (approx.)
Birth to six months: 3.5-5kg	7	3.5
5.5-6.5kg	9	4.5
7-7.5kg	11	5.5
8-8.5kg	12	6
9-10kg	14	7
>6 months once food intake established	6-12	3-6

### PRESCRIBING DOs AND DON'Ts<sup>2</sup>

✓ DO	✗ DON'T
✓ <b>Support and encourage breastfeeding</b> where it is clinically safe and the mother is in agreement.	✗ <b>Do not add infant formulas to the repeat prescribing template in primary care</b> , unless a review process is established to ensure the correct product and quantity is prescribed for the age of the infant
✓ <b>Refer ALL infants with CMPA to a paediatric dietitian</b> at diagnosis and prior to weaning to receive advice for a cow's milk free diet.	✗ <b>Do not suggest goat's milk and formulas made from it, sheep's milk or other mammalian milks</b> for those with CMPA as there is a risk of possible allergenic cross-reactivity and they may be nutritionally unsuitable for infants and young children.
✓ <b>Advise about a trial of a maternal milk free diet</b> for infants with suspected cow's milk allergy (CMPA) who are exclusively breast fed (refer to paediatric dietitian who will advise).	✗ <b>Do not routinely prescribe soya formula</b> (SMA Wysoy®) for those with CMPA. This is because a proportion of infants with non-IgE mediated CMPA may also react to soya. It should not be prescribed at all in those under six months due to high phyto-oestrogen content.
✓ <b>Prescribe only 1 or 2 tins initially</b> until compliance/tolerance is established.	✗ <b>Do not suggest rice milk</b> for those under five years due to high arsenic content.
✓ <b>Request dietitian to review the prescription</b> if the patient is prescribed a formula for CMPA but able to tolerate significant amounts of any of the following foods – cow's milk, cheese, yogurt, ice cream, custard, milk chocolate, cakes, cream. If tolerating all dairy foods in their diet suggest trialling a graded transition to normal formula (for <1year) or cow's milk (for ≥1year)	✗ <b>Do not prescribe lactose free formula</b> (SMA LF®, Enfamil O-Lac®) for infants with CMPA. They are based on cow's milk protein and are unsuitable.

<sup>1</sup>Based on guidance in Wessex Infant Feeding Guidelines and Appropriate Prescribing of Specialist Infant Formulae 2018 available from [https://www.northhampshireccg.nhs.uk/wp-content/uploads/2017/03/2017\\_Hants\\_IF\\_guidelines.pdf](https://www.northhampshireccg.nhs.uk/wp-content/uploads/2017/03/2017_Hants_IF_guidelines.pdf). Accessed 03.10.2018. <sup>2</sup> Based on Prescqiip guidance. Appropriate prescribing of specialist infant formulae. B146 | November 2016 | 2.1